

***** RENEWAL AGREEMENT FORM *****

2009-2010 Robert C. Byrd Honors Scholarship

Qualified Institution of Higher Education: I understand federal rules require I attend an accredited institution in one of the fifty United States, the District of Columbia, Puerto Rico, the Virgin Islands, Guam, the Northern Mariana Islands, American Samoa, or the Freely Associated States (the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau). I understand I must be receiving academic credits (full time status) from said institution and maintain satisfactory academic progress. I understand accredited military academies cannot receive this money.

Distribution of Funds: I understand if my Robert C. Byrd Honors Scholarship is combined with other forms of federal financial assistance the amount of the Robert C. Byrd Honors Scholarship may be reduced by the amount which exceeds the cost of attendance for one year of school.

Military Selective Service: I understand as a male recipient, I am required to register with the Selective Service when I reach 18 years of age.

First Year: If I cease full-time attendance during my first year of study, I understand the Robert C. Byrd Honors Scholarship will be forfeited. **I must begin my freshman year in the fall of 2009, no leave of absence will be granted. I understand I must attend classes full-time and be in good academic standing.** The Agreement Form must be received by the Utah State Office of Education by June 30, 2010 or my scholarship will be forfeited.

Renewal: I understand I must be enrolled as a full time student in good academic standing. This scholarship is renewable for a total of four years or up to \$6,000 dollars as a full-time student. The award amount may change based upon annual funding. This scholarship can be applied only to undergraduate study; if I graduate early, I will forfeit all remaining scholarship funds. **The Agreement and Eligibility Forms, copy of UT Driver's License and itemized expenditure list must be postmarked by June 30, 2010 to renew the scholarship yearly.** Failure to submit these forms will result in forfeiture of the scholarship.

Forfeit Information: I understand I may forfeit my scholarship, if I am dismissed, placed on probation, drop below full-time status, or withdraw. I agree to contact the Utah State Office of Education within 30 days of withdrawal and will refund the Robert C. Byrd Honors Scholarship funds or portions thereof to be in compliance with the Higher Education Institution's policy.

Waivers: I may apply for a waiver from the Utah State Office of Education after one year of full-time attendance; however, application does not guarantee approval. Waivers will be granted due to military service, religious or charitable service, foreign study, or personal or family emergency. **Waivers must be requested eight weeks in advance of the leave of absence. The request must be accompanied by supporting documentation from military unit, religious or charitable organization, or physician.** Based on federal legislation, only one waiver will be granted and may not exceed twelve months.

Exceptional Circumstances Extension: If your military, or religious or charitable service is extended beyond the twelve months you must provide written notification to Utah State Office of Education requesting an exceptional circumstances extension with appropriate supporting documentation. Exceptional circumstances extension must be requested eight weeks prior to the end of your waiver.

Study abroad: I understand I must be enrolled in an institution of higher education as a full-time student in good academic standing in the United States and be receiving academic credits from that institution to continue receiving the scholarship money.

PLEASE MAKE A COPY OF THIS SIGNED AGREEMENT FOR YOUR RECORDS

Please complete form in BLUE ink

I understand the above Robert C. Byrd Honors Scholarship Rules and Regulations and I agree to abide by them.

Institution: _____ **Student College ID (required):** _____

Please check your current class level: ☐ Freshmen ☐ Sophomore ☐ Junior ☐ Senior

Name: _____ **Cell/Home Phone:** _____
Print Full Name

Signature: _____ **Date:** _____

Address: _____
Street City State Zip

E-mail Address: _____

To accept the scholarship and have the funds disbursed to your institution, this form must be completed and postmarked by June 30, 2009 to the below address:

Utah State Office of Education
Robert C. Byrd Honors Scholarship
250 East 500 South * P.O. Box 144200
Salt Lake City, Utah 84114-4200
(801) 538-7770